

Primary Care Health Homes Enrollment Protocol All enrollment requests are effective the first day of the month following the month in which the enrollment was approved. **All enrollment request forms must be in Microsoft Word format and must be emailed to the Health Home Enrollment Coordinator (Marcia.Seabourne@dmh.mo.gov). They must be sent in an encrypted email, or as a password protected file to comply with HIPAA requirements. The words "PCHH Enrollments" should be included in the subject line of the email.**

Patients or Parents/Guardians Wishing to Enroll in a Health Home

A patient without a legal guardian or a parent/guardian may request to enroll in a Health Home at any time. **This is done by contacting the Health Home provider.**

Enrolling a Patient in a Health Home

Providers must ensure that patients are eligible for enrollment in a Primary Care Health Home:

- Be covered by Medicaid
- Have **diabetes alone** or two or more of the following chronic conditions:
 - Asthma
 - Developmental Disability
 - Obesity (BMI >25)
 - Heart Disease
 - Diabetes
 - Or one of the above conditions and Tobacco Use as a second at risk factor

Providers will complete the enrollment form (including indication of the chronic conditions) and email it to the Enrollment Coordinator at Marcia.Seabourne@dmh.mo.gov.

The PCHH project director will be responsible for determining whether the enrollment will be approved.

If the enrollment is approved, a letter will be mailed to the patient acknowledging enrollment. A copy of the letter will be mailed to the attention of the Health Home Director.

When Enrollment is Denied

If the enrollment is not approved, a letter stating reason for denial will be mailed to the attention of the Health Home Director. The patient will also receive a letter informing them of the denial.

If a patient wants to appeal the denial, s/he can write or call the Mo HealthNet Participant Services Unit to request a State fair hearing at MO HealthNet Division, Participant Services Unit, P.O. Box 3535, Jefferson City, MO 65 102-3535 or at 1-800-392-2161 or (573)751-6527. The contact with the Participant Services Unit must be made within 90 days of the date of this letter to request a hearing.